



Antelope Valley Air Quality Management District
43301 Division Street, Suite 206, Lancaster, CA 93539-4038
661.723.8070 • FAX 661.723.3450

APPLICATION FORM

\$5,000 in cash grants from Antelope Valley Air Quality Management District

Priority given to early applicants

Legal Business Name: _____

Commercial Name (if different): _____

Owner(s): _____

Contact Person (if different): _____

Street Address: _____

City and Zip Code: _____

Telephone: _____ Fax: _____

Type of business (circle one):

Sole proprietorship *Corporation* *Other* _____

Ownership of Facility (circle one): Owner Lessee

Years of experience as a dry cleaner _____

Address where equipment will be installed _____

How many years remaining on the lease for this facility? _____

Perc machine(s) currently in use: # machines____ Age of machine(s)____ ____

Current volume of garments cleaned (lbs.) in Perc per day _____ Laundry_____

Number of employees at facility: _____ Full Time _____ Part-time (Count owner(s) if they work in shop)

Equipment to be purchased (circle all that apply) and provide manufacturer, model, and model number for each piece of equipment in the wet cleaning system:

Wet clean washer:

Manufacturer

Model

Model No.

Wet clean dryer:

Manufacturer

Model

Model No.

Tensioning form fitter:

Manufacturer

Model

Model No.

Tensioning pants topper:

Manufacturer

Model

Model No.

Reason(s) for switching to professional wet cleaning (circle all that apply):

Need to replace cleaning equipment

Interested in marketing cleaner as an environmentally friendly business

Eliminates environmental regulations

Eliminates health risks associated with dry cleaning

Avoids problems with property lease

Other _____

Please note the following:

- Eligibility for grant:
 - Operate as a professional wet cleaning facility
 - Willing to serve as a professional wet cleaning demonstration site
 - Willing to collect data on technology
 - Participate in project evaluation efforts
- Program funding is limited and application is no guarantee that a grant will be awarded.

Additional information, including in-person or telephone interviews and site visits may be required.

I certify that the information provided is true and correct to the best of my knowledge.

Name

Signature

Date

Mail application to: AVAQMD
43301 Division Street, Suite 206
Lancaster, CA 93535-4649

or

Fax Application to: 661.723.3450

or

Assistance completing application: Contact AVAQMD at 661.723.8070